# MEDICAL SUPPLEMENT.

*(This Supplement is entirely conducted by Medical Men, the Editor of* THE NATION *taking no part in the discussion.)*

## THE LIMITATION OF THE POWER OF UNION.

[FROM A MEDICAL CORRESPONDENT.]

In all our troubles in connection with the Insurance Act, the public as well as the medical profession have generally agreed to give Mr. Lloyd George credit for one satisfactory achievement. At least he has united the medical profession. To many medical men who have labored hard to secure professional unity with but small tangible result in the past, this seems no small accomplishment. To the public watching its immediate effects, doubts may not unnaturally arise as to whether the result is likely to prove in the end a benefit to the general community. But whether the public is dealing with its dock laborers or its doctors, it will always find it more satisfactory to be face to face with a united and organised body than with an incoherent mass of individuals. No section of the community, however united, can for more than a brief period force selfish and anti-social arrangements upon the general public. Apart from the fact that the ultimate power rests with the whole community, there are certain automatic checks to the power of union which operate universally to preserve the many from the tyranny of the few. It is well that the medical profession, in the pride of the new-found strength that comes from combination, should recognise the natural laws which limit this strength, and should thereby avoid the disaster which comes to any section of the community which acts recklessly upon the motto: "To us united all things are possible."

The history of industrial strife to which, of course, rather than to that of international warfare, the profession must look for analogies in its present struggle, clearly indicates the two-fold character of the natural limit to the power of combination. No man is wholly selfish or wholly unselfish. Each individual finds himself, sooner or later, driven by one or other of these essential limitations to detach himself from the united body of his natural allies if, by the excessive character of their demands, the strain upon his wider patriotism or his narrower self-interest is over-stretched. The more exacting the demands made by any section of the community upon the community as a whole, the greater the number of the members of the section who will regard these demands as unreasonable and anti-social, and who will refuse to associate themselves with the united action necessary to obtain them. The greater the sacrifices entailed upon individual members of the section in pressing for such demands, the larger the number of those whose unselfishness will prove unequal to the occasion.

The representative meeting of the British Medical Association at Liverpool clearly showed its appreciation of these facts when it decided to exclude Sanatorium benefit from the ban which it found necessary for the present to put upon medical benefit under the Insurance Act. To have included Sanatorium benefit in the ban would almost certainly have entailed a serious two-fold landslide from professional unity. The humanity of large numbers of the profession would have revolted against a general resistance to this beneficent provision of the Act, whilst many others would have found it too great a strain upon their self-interest to refrain from accepting well-paid appointments concerning the actual conditions of which no complaint whatever could be made.

In the long struggle that is bound to ensue if the Government and the profession do not come to terms before January 15th next, the power of professional union will be put to a severe test. In the past our relations with our colleagues, "opponents," alas! we usually term each other, have been frankly competitive, and we have prided ourselves on the absence of any trade union spirit. The profession has claimed no self-sacrifice from its individual members, nor has it accumulated resources to support its weaker brethren. Unlike the great industrial communities, the profession cannot rely on the strength of union which comes from past experience of communal help in times of stress and difficulty. In the present crisis we cling together mainly for mutual moral support, paying but little regard to the somewhat indefinite help that may be forthcoming from the Guarantee Defence Fund. No fear of loss of personal benefits, as a result of secession from the British Medical Association, will bind our hesitating colleagues to our union.

With no old standing bonds of sentiment or material interest to hold the main army together, the leaders of the profession must weigh with scrupulous care the amount of sacrifice they would demand of those who are asked to run risks for the common cause. They must not let their belief in the high calling of their profession blind them to the need of simple arithmetical calculations. Human nature being what it is, and medical men being human, they must recognise that the higher the bribe offered, the higher the percentage of dissentient practitioners. Self-interest, when it is combined with the interests of helpless dependents, is one of the strongest incentives to independent as to united action. Self-interest has forced the doctors together in a firm determination to refuse inadequate terms which appear to be offered under the Act; self-interest may dissolve our unity if better terms are offered, even though a considerable number of practitioners do not regard such terms as conforming to the strictest letter of the profession's co-called cardinal points. The free laborer has always taken a less exalted view of the value of his service than the trade unionist. For the moment, in medicine, it seems that he may be neglected. He will have seriously to be reckoned with, however, in any prolonged struggle. He has never been eliminated yet in any industrial dispute. He is the automatic check to the power of combination.

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## A COMBINATION OF PAYMENT PER ATTENDANCE AND CAPITATION FEE.

"IF, as is shown by the Plender Report, 4s. 2d. is the remuneration for 1·8 attendances, then the equitable payment for 4 attendances is 9s. 3d., and this should be the capitation fee under the Insurance Act." Thus, briefly, may be stated the argument now most relied upon to support the demand of the British Medical Association for higher remuneration under the Insurance Act.

This argument is open to criticism in several respects. In the first place, attention may again be drawn to the fact that the sum of 4s. 2d. was derived from attendance upon all classes of the community, whereas the argument only applies to insured persons, the great bulk of whom will be drawn from the working-classes. The Plender Report did not determine the average payment per head of the working classes, but undoubtedly it would be considerably less than 4s. 2d.

For the purposes of this article the four attendances per annum at present found to be required by persons of a class comparable with insured persons, who are treated under contract, will be assumed to be the number of attendances which will be required under the Act, though it is quite possible that the operation of sanatorium benefit and separation of dispensing may reduce this figure considerably. In estimating what will be the actual increase in attendances as compared with existing conditions, it is obviously not legitimate to assume, as the argument set out above does, that all the 12,000,000 persons who are coming under the Act are at present private patients. It has been estimated that at least some 5,000,000 persons are now receiving medical attendance through the friendly societies, and there is probably an equally large number who are getting it through dispensaries,

private clubs, and other forms of non-registered organisations. These persons are already receiving their four attendances per annum. The actual increase of from 1·8 to 4 will only occur in respect of private patients, who may be put, on the very highest estimate, at not more than 6,000,000. This averaged over the whole number means an increase of 1·1 attendances per person, and if the 4s. 2d. be increased in the same proportion, it becomes 6s. 10d.

But the great weakness of the argument lies in the assumption that all medical attendances are of the same value, and deserve the same remuneration. That this assumption is not justified is evident from the fact that medical fees vary enormously with the character of the services performed. The increase in the attendances upon contract patients as compared with private patients is mainly due to the addition of a large number of surgery consultations in respect of comparatively trivial ailments, of attendances for the purpose of obtaining fresh supplies of medicine, which in the case of many private patients would have been obtained direct from the chemist, and of attendances for the purpose of getting sick benefit certificates signed. Private patients do not seek the services of a doctor unless they think their condition serious, and it is probable that fifty per cent. of the 1·8 attendances are visits to patients' homes; contract patients, on the other hand, have no motive for limiting their demands on the doctor, and it is found that the number of consultations increases to, roughly, three times the number of visits.

As showing the effect of a slight check in reducing the number of attendances, the experience of practitioners who have clubs in country districts may be cited. It is found here that while the visits to patients' houses are approximately the same as in towns, the number of consultations is very much less, persons preferring to treat themselves for slight affections rather than walk some distance to the doctor's surgery. In Germany too, among insured persons, the attendances per person in the towns are considerably greater than in rural areas; but the attendances per case of sickness in the rural areas are more numerous than in the towns, showing that in the country only the relatively serious cases receive treatment.

Now it cannot be urged that this additional surgery work is of the same character, or makes the same demand upon a doctor's time, as the attendances upon private patients. The four attendances upon contract patients may be regarded as consisting of 1·8 in respect of comparatively serious cases, and 2·2 of a relatively slight character, and it is obviously not sound to take the rate of pay for the former as the measure of remuneration for the latter. It is as though one arranged with a surgeon to undertake the treatment of cut fingers on the basis of the remuneration he receives for removing an appendix. It is undoubtedly true that the attendances are going to be increased under the Insurance Act, but realisation of the nature of the increase will help towards a satisfactory solution of the difficulties which have arisen.

Before outlining a plan for dealing separately with these two types of attendance, it may be pointed out that the amount of surgery work will depend largely upon practitioners themselves. Under existing circumstances, a medical man, who holds his appointment from a lay committee, often entirely out of sympathy with him, is obliged to do a great deal of unnecessary work for fear of offending that committee. Under the Act, the worst that can happen, if he refuses to attend a troublesome or cantankerous person or a malingerer, is that he loses that patient. Those, too, who without sufficient reason call out of consulting hours, can also be dealt with firmly. The time occupied, on the average, over a consultation depends a good deal upon the idiosyncracies of the practitioner. At present, it is well known that some practitioners see as many as twenty surgery patients in an hour, but there can be no doubt that this means hurried and unsatisfactory work. Dr. Roberts, in THE NATION of August 24th, says that a practitioner ought to be able to see at least ten surgery patients in an hour. It must be remembered that a large proportion are old cases, who have already been examined, often many times.

The Government has admitted that practitioners should be paid a fair rate for their work, and that increase in the work may be anticipated, and should be suitably remunerated. Doctors claim that this is only justice, and ask for neither more nor less. The great difficulty is to determine fairly the amount of work which will be required. Herein lies the strength of the demand for payment per attendance, which is claimed to be the only system bringing work and remuneration into exact relationship. But, as pointed out above, owing to variations in the character of the work, the relationship is more apparent than real. Visits, speaking generally, embrace the more serious cases, and make the greater inroads upon a doctor's time. An increase in these deserves full recognition. Consultations are relatively less important, and an increase in their number by the addition of trivial cases is no real measure of the increase in work.

There appears, therefore, to be a case for treating these two types of attendance upon different footings, and the suggestion is advanced that the system of payment per attendance should be adopted in the case of visits, and that consultations should be remunerated by a capitation fee.

The principle here proposed is independent of the rates which might be fixed, but figures may be suggested. Probably most practitioners would be willing to accept a fee of 2s. 6d. per visit. Remembering that there would be no bad debts, or medicine to be supplied, this is undoubtedly higher than the present average fee per visit among the working-classes; and it is higher than the fee for a visit in the scale of the National Deposit Friendly Society, which many practitioners have intimated their willingness to accept under the Insurance Act. For consultations, a capitation fee of 2s. 6d. may be suggested. Assuming each insured person to require three consultations in the year, then, if a practitioner saw only six cases in an hour, he would be paid at the rate of 5s. an hour. If he saw nine, the rate would be 7s. 6d. an hour.

Objections must not be shirked. The argument most often urged against payment per attendance is that it tempts a doctor to make unnecessary attendances. This objection would not apply to the great majority of practitioners, but the possibility of its happening in some cases cannot be ignored. A safeguard against abuse would probably be provided by the insured persons themselves. It would quickly be realised that by going to the doctor whenever they were able to, rather than sending for him, they were saving the fund, and that additional benefits would be available all the sooner. A comparatively small check would probably be sufficient. In the National Deposit Friendly Society, the check upon unnecessary attendances is the fact that a portion of the doctor's fee is paid from the patient's own deposit, and this is found to be quite an efficient safeguard. The Insurance Act empowers approved societies to make rules for behavior during sickness and disablement, and to appoint persons to visit members in receipt of benefit. In a well-managed society these officials would impress upon the members the necessity and advantage of saving the funds, and would be able to check persons who were unnecessarily summoning the doctor to visit them.

There are strong arguments in favor of both payment per attendance and payment by capitation fee. It is submitted that the method of payment proposed above combines the best features of each system.

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THE British Medical Association having withdrawn from negotiations with the Government, and having invited its members to resign their club appointments, is now engaged in drafting schemes for "Public Medical Services" whereby the members may reap the fruit of their labors. The scheme for the Wandsworth area, which has been submitted to us, deserves examination. The first clause sets out that its object is "to organise

the provision of medical attendance and medicine for persons unable to pay the ordinary medical charges," who, later, are defined as persons whose income does not exceed £2 a week, though a lower limit may be fixed. The spirit of altruism being clearly expressed here, it is of interest to see what the persons unable to pay ordinary medical charges are required to contribute in order that they may enjoy the benefits of the scheme. Subscribers are to be of two classes, capitation subscribers who, if insured persons under the Act, pay not less than 3d. a week, or 13s. a year; and tariff fee subscribers who pay 1s. a year and fees per attendance ranging from 1s. 6d. to 2s. 6d. Capitation subscribers are only admitted after medical examination.

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For such poor payment, which in the case of capitation subscribers is only three times as great as that found by Sir William Plender to be the average amount paid for medical attendance by all classes of the community, benefits must necessarily be limited, and it is not surprising, therefore, to find that, for their subscription, members are only entitled to ordinary medical attendance and treatment (other than night calls and special visits), and needful medicines and first dressings for wounds. Extras, which are to be paid for by fee, form too long a list to enumerate in full, but the following may be noted: miscarriages, £1 1s.; consultations, ordinary attendant, 5s.; night visits, 5s.; special visits, made in response to calls received after 11 a.m. or on Sundays, 1s. 6d.; certificates, 1s.; reports, from 10s. 6d. Other extras are the treatment of fractures and dislocations, operations, administration of anæsthetics, operative dentistry, bacteriological examinations, cod liver oil, and sundry other drugs, bottles, jars, dressings, &c., &c., and finally, treatment for tuberculosis in the case of persons in receipt of sanatorium benefit. It is, of course, impossible to determine the cost of these extras, but they are not likely to be less than 2s. 6d. per person. On this estimate, a capitation subscriber would pay 15s. 6d. per annum—not a bad jump from the existing club rate of rather under 4s.

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Instead of drafting these egregious schemes, the British Medical Association, which has led the profession into the present deplorable position, would be better occupied in furnishing evidence in support of its demands. The Chancellor has promised to increase the medical remuneration on cause being shown, but up to the present no evidence has been published by practitioners purporting to show loss under the Act, which will bear the slightest investigation. The confused statement in the Supplement of the "British Medical Journal" of July 6th appears to admit that the average income will be increased, but it is impossible to follow the arguments or the reason why in the calculations a practitioner is limited to the care of 1,600 people. We should be glad if some of our readers could clear up these points.

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The only plausible argument which has been urged is based upon the fact that the Post Office pays a capitation fee of 8s. 6d. for the attendance and treatment of its employees, although these are picked lives. A glance at the terms and conditions of the service will soon show the reasons for this high fee. In the first place, it includes the provision of medicines, while the British Medical Association's demand is for 8s. 6d., exclusive of medicines. In the second place, the duties required are considerably in excess of the simple medical attendance and treatment which is all that will be asked from doctors on the panel. A Post Office medical officer, for instance, is required to make a number of special medical examinations, to advise the Postmaster in cases of epidemics, and to inspect and report upon the sanitary condition of local Post Office premises. He must, therefore, be a sanitary expert. Nor is this the only special qualification. In reply to a question in the House last year, the President of the Board of Education said that medical officers employed by the Post Office were selected with a view to work of a character similar to that which is required of doctors nominated for the purpose of the Elementary School Teachers (Superannuation) Act, 1898. They were also conveniently distributed over the country. For these reasons it had been the usual practice of the Board, with the concurrence of the Post Office, to nominate them for the duties in question. It is clear, therefore, that a Post Office medical officer must have special qualifications, and, as the field is thereby limited, the Post Office is bound to offer a high fee in order to secure suitable men. To argue from this that the same rate of pay should be given in a service which is open to every registered practitioner, regardless of his qualifications, is obviously quite unjustified.

## THE APPLICATION OF SURPLUS FUNDS.

*To the Editor of THE NATION.*

Sir,—As a medical man interested in the working of the National Insurance Act, and believing it to be advantageous to the health of the nation if worked willingly and disinterestedly by the doctors, I venture to make a suggestion that might lead to a basis of agreement between the profession and the Government.

The Plender Report by no means nullifies the demands of the doctors for remuneration, and if the amount of work required is to increase to the expectations revealed by some statistics of contract practice, then the doctors' demands are moderate—to say the least. On the other hand, the Chancellor is unwilling to advance to the profession large sums of public money on these expectations, which may, to a large extent, be falsified in the future. So, the present deadlock.

Can we blame either the Chancellor or the doctors, both of whom are faced by uncertainties which can only be solved by the future working of the Act? Probably a close study of the Insurance Acts of other countries would have been helpful in clearing up some of these uncertainties, but differences in tradition and the conditions of life in the various countries would still have left many home problems—financial and otherwise—to be decided after the scheme had been in operation. Medical men at least should be in sympathy with the experimental aspect of the Act, especially when its objects are considered.

My suggestion is that the Chancellor should give some advance on the present figures, and agree to meet the claims of the profession as surplus funds accumulate under the Act.

It is intended, if not actually provided for, that surplus funds shall accumulate, and there is much in the Act about the investment of these funds. For example, under Section 54, the Commissioners are authorised to give preference to local loans where such capital is required for the making of advances for the purposes of the Housing of the Working Classes Acts, 1890-1909—in other words, to buy out slum property owners. Surely the money would be better spent for the health of the nation in doing justice to the doctors and securing them as contented and enthusiastic servants, and adopting some other means of clearing out the slums.

There is another and even more practical aspect of this suggestion. The efficacy of a drug is not often directly proportionate to its cost, and the drug bill under the Act is a very heavy item, largely under the control of the doctors. As prescribing is to be separated from dispensing, the doctors should have some interest in promoting economy as well as efficiency, and this could be attained by giving them some share—to be agreed upon—of the surplus funds. Whatever capitation fee be agreed upon, I think it desirable that local medical committees should have a direct interest in checking needlessly expensive prescribing. One has only to consider the conditions of working under the Act to see that this is no small risk.

Free choice of doctor means competition, as at present, and there would be no small temptation to seek popular favor by the liberal prescribing of pleasant potions of all sorts at needless cost. Again, if the profession only worked the Act half-heartedly, they might not always bear in mind the cost of the drug, dressing, or appliance prescribed. Further, the adoption of this suggestion would make it the doctor's interest as well as his duty to keep a sharp look-out for malingering.

I think, sir, some such plan as this is worth considering,

for, as the Act progresses and prospers, the doctors' demands could be met, and their duties and interests would harmonise in favor of efficiency and economy.—Yours, &c.,

J. MANSON.

8, Winmarleigh Street, Warrington.
August 23rd, 1912.

## THE BRITISH MEDICAL ASSOCIATION AND THE LOCAL COMMITTEES.

*To the Editor of THE NATION.*

SIR,—I understand that, late in September, the final regulations to work the Medical Benefits of the Insurance Act will be issued by the Commissioners, and the Local Committees will receive their instructions to form Panels.

Sir James Barr is President of the British Medical Association, and we all remember, with subdued merriment, his never-to-be-forgotten speech.

We can hope for nothing in that quarter, and it would be kindest to leave him alone for fear we start him off again. Nevertheless, the time has come when the men who are ready to work the Act must have a lead, and who is going to give them that lead? We are waiting.

I am positive that there are thousands upon thousands of men, in and out of the British Medical Association, who only require organising, and they will be found ready to re-open negotiations, and willing to accept reasonable terms, with the Insurance authorities.

Who is ready to organise this army of men and lead them to victory?—Yours, &c.,

A MEMBER OF THE B. M. A.

August 24th, 1912.

## FOR COMPROMISE.

*To the Editor of THE NATION.*

SIR,—I do hope the Government will raise their offer, and the profession lower their demands; otherwise, there is a long and miserable wrangle in sight, disastrous to the prestige of the Government and of the profession, and very hurtful to the public health and welfare. The extra cost to the Government of a substantial increase in provision for medical benefit will be amply repaid by the increase of efficiency in the medical service. Roughly, very roughly, I admit, our present system gives the more efficient doctors the higher remuneration. The lower the remuneration offered under the Insurance Act the smaller the number, and, roughly, the lower the standard of efficiency, of the members of the medical panel. Every increase of remuneration will strengthen the panel both numerically and professionally. With one hundred available doctors in a district, an available 4s. 6d. per annum per insured person for medical attendance only might be expected to produce a panel of one member or less. For every increase of sixpence per annum, a definite increase in the percentage of doctors joining the panel might be expected, say, 5 per cent. increase for each sixpence up to 7s. 6d., and 10 per cent. for each sixpence beyond that sum; so that the 8s. 6d. which the profession demands might be expected to produce a panel of, say, 50 per cent. of the available members of the profession. The actual figures are the merest guess work, and are not material to my argument. The point I want to make is that the additions to the panel which will be made at the higher end of the scale will be of little value, numerically, compared with their extreme value professionally. Competition by underselling is eliminated by the panel system, whilst competition by efficiency is maintained under this system, combined with free choice of doctor. Every additional efficient unit which is introduced on to the panel raises the standard of efficiency, towards which every other unit must strain to attain if he is to have any success in the competition. If the remuneration offered is such as to attract on to the panel those only who have in the past engaged in the most unsatisfactory class of contract practice, we can hardly expect the standard of efficiency to be raised, even though the work is better paid. By bringing into competition those accustomed to a higher class of practice, much better results may be anticipated.

This consideration should not be lost sight of by those whose duty it may be to advise the Chancellor as to the offer it is supposed he will shortly make to the profession.

There is another side to this question. It may well be worth while for those members of the profession who are engaged in industrial practice to consider whether they are wise in standing out for a scale of remuneration which might encourage men, who have in the past practised only amongst the wealthy classes, to join the panel and increase the competition in working-class practice.—Yours, &c.,

M.R.C.S., Eng.

## A PLEA FOR ARBITRATION.

*To the Editor of THE NATION.*

SIR,—No reasonable man will dispute the beneficent purpose of the Insurance Act, neither will anyone seriously argue that it can be satisfactorily worked without the cordial co-operation of our profession as a whole. Wherein lies the present difficulty? It is in the interpretation of figures. Mr. Lloyd George believes the Plender Report justifies his calculations; the doctors believe it justifies their claim to the higher remuneration. Both sides naturally have different view-points. How can this difficulty be met? I would suggest arbitration. Why not submit all these figures, with their contingent factors, to some impartial statesman—say Lord Avebury—and let his decision form at least a basis for a working arrangement for a defined period. What is really going to happen—loss or gain—is all surmise. It may be unusual to suggest arbitration in regard to an Act of Parliament, but Mr. Lloyd George has promised to ask the House of Commons for a further grant if it is shown to be necessary; and at this stage, therefore, there does seem to be a place for the arbitrator.—Yours, &c.,

J.

## THE INSURANCE ACT AND THE PHARMACISTS.

*To the Editor of THE NATION.*

SIR,—Dr. Roberts's letter in THE NATION of August 24th last is somewhat amusing. After carefully pointing out that the cost of drugs would not be covered by the 1s. 6d. proposed, he suggests that the medical men should have the dispensing, in order to make a little extra; or, in other words, "effect a great economy. No one would lose, except the wholesale druggists." Does Dr. Roberts begrudge the pharmacist the crumbs which fall from the rich (vide Plender Report) man's table?

Is he aware that the system by which the medical man has to pay for the medicine out of his own pocket is generally condemned—hence the small clause in the Act which gives the pharmacist the dispensing?

Again, the "placebo," when dispensed by the doctor or his dispenser, is very cheap, and costs next to nothing; but if written out on paper and taken to the pharmacist—also shown to all the patient's friends—this particular brand of "Elixir Vitæ" becomes a long and expensive prescription, with "half-a-dozen tinctures."

Are Dr. Roberts's prescriptions usually legible to his patients' friends? If he will purchase a "Pharmacopœia" of one of the London hospitals, he will be able to write many excellent and efficacious mixtures in one line; and, as the doctor prescribing for an Insurance patient will have to make (probably) two or more copies of the prescription, the saving of time would be considerable.

After a dispensing experience in London and the provinces of over twenty years, I say that a prescription containing six tinctures is very rare.

I have no doubt that Dr. Roberts, having such a large practice, keeps an efficient and qualified dispenser; but, usually, the doctor's dispenser is a lady who has had a six months' training at a college, and passed an examination not recognised by the Pharmaceutical Society. The pharmacist, in a large portion of England and Wales, is reduced to a mere shopkeeper, owing to the fact that the doctors supply everything. In this district there are between twenty and thirty medical men—two of whom dispense—and there seems to be no inclination on their part to effect a little "economy" (?) at the expense of the pharmacists.—Yours, &c.,

A PHARMACIST.

August 29th, 1912.

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